





North Allegheny School District

EMERGENCY MEDICAL INFORMATION

Camper's name	
Camper's age	Camper's birthdate
Allergies or medications*	
Medical conditions that we should	l know
Dietary restrictions	
Parent/Guardian name(s)	
Home phone number	Work phone number
In case of emergency, please cont	act (other than parent) phone number
Camper's physician	Physician's phone number

*Our staff is not permitted to dispense medication. Please make arrangements accordingly.